

one number or each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index 113	
County of <u>Yuma</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Yuma</u>	or _____	Co. Register No. <u>1044</u>	
City of _____	(No. _____ St; _____ Ward)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Robert Ojodaca</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>14</u> <u>1915</u>	(Month)	(Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Yasea Ojodaca</u>	Full Maiden Name <u>Creta Maran</u>		
Residence <u>Miami Ariz.</u>	Residence <u>Miami Ariz.</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>24</u> (Years)
Birthplace <u>New Mexico</u>	Birthplace <u>Ariz.</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 14</u> <u>1915</u> , at <u>5 A</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J. H. Slaughter</u>	
Given or christian name added from a supplemental report _____ 191_____		(Attending physician, midwife, householder.*)	
COUNTY REGISTRAR.		Address <u>John H. Lacy</u>	
Filed <u>Aug 10</u> <u>1915</u>		LOCAL REGISTRAR	
A True Copy <u>Aug 7</u> <u>1915</u>		COUNTY REGISTRAR.	